Health

The Nursing Commission Newsletter

Volume 6, No. 1 Spring 2000

Contents

Chair's Report Let's Tell Our Story…

By Cheryl Payseno, RN, MPA

A recent Gallup poll named Nursing as the most honest and ethical among a list of 45 professions. This is the first year that Nursing was included in the poll—and finished at the top with 73% of Americans rating nurses' honesty and ethics high or very high.

While the public values us, we don't always value ourselves and our profession as we should. As I interact with other nurses, I hear personal stories about what led them to nursing and why they choose to stay. Their stories are poignant and compelling, describing commitment for serving others, compassion for the disadvantaged, joy at the opportunity to touch lives and admiration for their co-workers.

"The truly great nurses aren't just extraordinary performers, they are extraordinarily positive."

Without question, the nursing shortage is the most significant challenge facing our profession today. The need for nurses is predicted to grow as baby boomers age and acquire chronic health conditions. At a time when the need for nurses is rising, enrollment in nursing programs is declining.

What part do we play in the nursing shortage? Are we a part of the problem? Are we contributing to the nursing shortage by our pessimistic attitudes and negative behaviors? Are we discouraging qualified, talented people from entering Nursing by what we say about ourselves and our profession? Do we "eat our young" when we criticize new nurses or watch them struggle and fail to help?

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Chair's Report Let's Tell Our Story…

By Cheryl Payseno, RN, MPA

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It's easy to get caught up in the negative and forget about all the positives. It's human nature, they say—people just love to complain. But can we afford to dwell on the negative when there is so much to be optimistic about? Don't we owe it to ourselves and our peers to tell our positive stories? We are the profession that Americans consider the most honest and ethical of all!

Nursing is hard work—we know that nothing worthwhile in life is easy. Nursing is challenging and intensely rewarding. Not everyone has the qualifications to be a nurse—nurses must be highly intelligent, incredibly flexible, passionate about values and convictions, excellent communicators, compassionate and caring. The truly great nurses aren't just extraordinary performers, they are extraordinarily positive.

Seek out the best and brightest people you know and encourage them to consider nursing as a career. Support those new to the profession or new to your institution. Coach and mentor with a smile. Be a positive role model.

Each of us plays an essential role in the future of Nursing. Let's each do our part to insure that there are nurses for now and for the future. Tell others what a privilege it is to be a nurse! ◂

2000 Nursing Commission Meeting Schedule

The following table indicates meeting dates and locations for the remainder of 2000. You are welcome and strongly encouraged to attend. Each business meeting is open to the public and most of the disciplinary hearings are open to the public. A portion of every business meeting is devoted to open mike time so that you may address any areas of concern or interest with the Nursing Commission members. The meetings are of interest to all nurses because of the variety of topics including advisory opinions, upcoming rules, current health related issues, areas of discipline, emerging health trends, etc. For a copy of any agenda or to check on the exact time and location of a meeting, call (360) 236-4713. We hope to see you at an upcoming Nursing Commission meeting.

Date	Location
May 18-19, 2000 May 18 – Hearings May 19 - Business	Holiday Inn Express, SE 1190 Bishop Boulevard, Pullman, WA 99163 (509) 334-4437
July 13-15, 2000 July 13 – Business July 14-15 - Workshops	Department of Health Conference Center, 1101 SE Eastside Street, Olympia, WA 95804
August 17, 2000 Hearings only.	Department of Health Conference Center, 1101 SE Eastside Street, Olympia, WA 95804
September 7-8, 2000 Sept. 7 – Hearings Sept. 8 - Business	Cavanaugh's At Yakima Center, 607 East Yakima Avenue, Yakima, WA 98901 (509) 248-5900
November 2-3, 2000 Nov. 2 – Hearings Nov. 3 - Business	Department of Health Conference Center, 1101 SE Eastside Street, Olympia, WA 95804 ◂

Staff Changes

The Department of Health staff that serve the Nursing Care Quality Assurance Commission are housed in Health Professions Quality Assurance Division, Section 6. Since the last newsletter we have one new Staff Attorney and have replaced two Health Care Investigators.

Linda Patterson

Linda Patterson, RN, BSN, is a new Health Care Investigator for Section 6. Linda has worked as a Registered Nurse for 12 years in a variety of settings: Acute hospital, Pre-operative care unit, Short Stay unit, Home Health care, Case manager for a MSO (Medical Service Organization), and a large Insurance Company.

Deborah Couturier

Deborah Couturier, RN, BSN, started as a Health Care Investigator for the Nursing Commission in December 1999. With twenty years of nursing experience, she has worked in a variety of settings. Those settings include: hospitals, home health, public health, prison, school, as well as long term care. She is married with three children and lives on a five-acre mini farm.

Janet Staiger

Janet Staiger, JD, is a Staff Attorney for the Nursing Care Quality Assurance Commission. Janet started with the Nursing Commission in October 1999. Prior to working for the Department of Health, Janet worked for 10 years as an attorney for the Washington State Division of Child Support.

We welcome our newest staff members. We hope we are serving you well and welcome your suggestions to improve our customer service. ◂

Commission Members

Cheryl Payseno, RN, MPA, Chair
Shirley Coleman Aikin, RN, MSN
Joanna Boatman, RN
Shannon Fitzgerald, RN, MSN, ARNP
Jeni Fung, Public Member
Becky Kerben, LPN
Frank Maziarski, CRNA, MS,
Co-Vice Chair
Gail Kirk, Ph.D., Public Member
Roberta Schott, LPN, Co-Vice Chair
Sandy Weeks, ARNP/LM
Marlene Wells, LPN

Facts On The Nursing Shortage

By Andrea J. McDonald
Excerpts reprinted by permission of Sigma Theta Tau International Honor Society of Nursing, July, 1999

Underlying Causes: The changing reality of nursing.
While shortages have occurred in health care throughout history, and especially since World War II, experts are finding that the developing nursing shortage is uniquely serious. It is considered both a supply and a demand shortage, combining a broad range of issues that include: steep population growth in several states, a diminishing pipeline of new students to nursing, an aging workforce, a baby boom bubble that will require intense health care services just as the majority of nurses are retiring and a broadening of job opportunities within health care.

This shortage is worldwide. Already, Canada, England, Ireland, the Philippines, Australia and Western Europe are reporting significant nursing shortages.

Managed Care:

Managed care has had an impact on the nursing shortage. The downsizing that many hospitals endured in the last four to five years stimulated publicity, and the message prospective nursing students got was that health care, and nursing in particular, represented a diminished field of opportunities. The tight budgets and reduced occupancies of many hospitals initially coping with managed care made hiring new nursing graduates undesirable. Now many hospitals do not have nurses with three to four years of experience among their ranks.

Hospital acuity:

Acuity in hospitals has been rising rapidly, due to the declining average length of stay and to new technology that allows rapid assessment, treatment and discharge. Hospitals are increasingly becoming large intensive care units, with cardiac monitoring, respiratory assistance and intense treatment a growing part of the average patient's plan of care. Thus, skilled and specialized nurses are in great demand.

Baby boom bubble:

The baby boom of 1946–1964 was followed by the 11-year baby bust, when the birth rate fell to a low of 146 births per 1,000. As of the 1990 census there were 77 million American boomers compared with just 44 million Generation X'ers, creating the smallest pool of entry-level workers since the 1930s.

Have any studies been done on the shortage?

Yes, a survey released earlier this year (1999) found the nursing shortage is due to an increased demand for experienced RNs in specialized areas. The survey, sponsored by the American Organization of Nurse Executives and the American Nurses Association also found:

- Urban hospitals reported that filling nursing vacancies was significantly more difficult.
- Small hospitals experienced increased difficulty in recruiting obstetrics nurses, and the time to recruit them has substantially increased.
- Larger and urban facilities reported increased use of agency and contract nurses.

For a reprint of the entire text of this article see Web site: http://www.nursinghonor.org/media/factsnursingshortage.html ◂

Statistics

The staff of the Nursing Care Quality Assurance Commission is very busy processing complaints, processing applications and renewing licensed nurses. Following are some statistics representing the volume of complaints received each year and the disciplinary action associated with those complaints.

The statistics on the number of licensees and the age of the workforce are also interesting. They indicate that the majority of the workforce is over 40 years of age and is more experienced.

The last table indicates the top seven counties in terms of the volume of licensees who reside there.

Complaint Statistics

Category	1999	1998	1997
Complaints Received	863	827	629
Complaints closed in Case Management	481	497	311
Cases sent to investigations	418	364	340
Informal Orders served (STIDS) Stipulation to Informal Disposition	78	66	66
Final Orders served	86	128	144
Default Orders served	26	N/A	N/A

Licensee Statistics

Category	Registered Nurses	Licensed Practical Nurses	Advanced Registered Nurse Practitioners
Number of active licensees	59,940	13,887	2,956
Number of inactive licensees	753	407	0
Number of active female licensees	54,331 90%	11,877 85%	2,536 85%
Number of active male licensees	4,013 7%	1,209 9%	418 14%
Gender unknown	1,596 3%	801 6%	2 1%
Number of active licensees 40 years old or over	43,553	4,512	2,459
Number of active licensees less than 40 years	16,387	9,375	497

Highest Number Of Active Licensees In 7 Counties

County	Registered Nurses	Practical Nurses
King	16,875	2,618
Pierce	5,221	2,641
Snohomish	4,664	867
Spokane	4,884	1,190
Clark	2,328	381
Kitsap	1,888	479
Thurston	1,763	679
Whatcom	1,184	464

Procedural Sedation: An Overview.

By Frank T. Maziarski, CRNA, MS.

On January 14, 2000 the Washington State Nursing Care Quality Assurance Commission formally adopted the "Policy Statement for Registered Nurses Performing Procedural Sedation," a copy of which is printed on page 7 of this newsletter. A work group established by the Nursing Commission using an interdisciplinary approach consisting of Nursing, Medicine/Osteopathy, Pharmacy and the Public developed the policy statement. The group held it's first meeting on March 1999, in Spokane, WA with subsequent meetings in the City of SeaTac, WA. A prime objective of health care regulating agencies is to protect the public interest and ensure patient safety; it was with this premise that the "Policy Statement" was developed.

The work group was developed as a result of concerns expressed by registered nurses and other health care providers, regarding the evolving science and increased use of sedation techniques. In examining current and future use of sedation techniques as well as the development of short/ultrashort acting drugs, the concept of "Procedural Sedation" was adopted.

It is important to emphasize, that Registered Nurses involved in procedural sedation understand the guidelines and feel comfortable providing this service. Procedural sedation is administered as an adjunct to an adequate local/topical anesthetic, it is provided to make the patient more comfortable, provide sedation and mild amnesia of the surgical or diagnostic procedure. Procedural sedation is "not" used to depress a patient's response to the discomfort of an inadequate local/topical anesthetic.

The policy statement is not complicated and should provide a safe environment for the patient.

Because of the variety of settings, in which procedural sedation is administered, some nurses have a concern regarding how it will be implemented. Please read the concern expressed below by Joanna Boatman RN, who has vast experience as an operating room nurse. ◂

An Operating Room Nurse's Point Of View

By Joanna Boatman, RN

I want to express my concerns regarding "procedural sedation." I have seen the progression of local anesthesia to a more complex surgical use and continue to be concerned that nurses are asked to supplement the local anesthesia with IV medications. This process should continue to be administered so that the patient is responsive during the procedure and that if the local anesthesia isn't adequate, that the next step should be to improve the block and not substitute by increasing the IV medications.

The terminology change (from conscious sedation to procedural sedation) does give me reason to express this opinion to continue to be sure that the sedation is truly conscious sedation and that it is not a substitute for anesthesia administered by anesthesia personnel. ◂

The Nursing Care Quality Assurance Commission Policy Statement For Registered Nurses Performing Procedural Sedation

It is within the scope of practice of a Registered Nurse to assist in the care of patients receiving procedural sedation during therapeutic and diagnostic procedures.

Procedural sedation, otherwise known as conscious sedation, is defined as a technique of administering pharmacological agents to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardiorespiratory function. Procedural sedation is intended to result in a depressed level of consciousness but one that allows the patient to maintain airway control independently and continuously. Procedural sedation should be given so that there is a sufficient margin of safety to render unintended loss of protective reflexes unlikely. During procedural sedation, there must be a licensed independent healthcare provider present who is credentialed by the facility as capable of recognizing and managing airway emergencies.

Excluded from these guidelines are:

1. Patients receiving inhalation anesthetics (except the use of Nitronox as an analgesic)
2. Patients who receive analgesia for pain control without sedatives
3. Patients who receive sedation solely for purpose of managing altered mental status
4. Patients who are sedated for the purpose of intubation

To ensure that nurses assisting in procedural sedation receive appropriate and continuous training and support, the Nursing Care Quality Assurance Commission recommends that all providers and institutions using nurses in procedural sedation should have in place written policies and procedures that contain, at a minimum, the following elements:

1. Guidelines for patient selection, monitoring, and drug administration.
2. Protocols for managing potential complications or emergency situations
3. Specific educational and training requirements
4. Specific yearly evaluation and continuing competency requirements.

Registered nurses in Washington have the legislated authority to execute a medical regimen as provided in RCW 18.79.040. Nurses practicing procedural sedation should be an integral part of the health care team responsible for developing and monitoring the policies and procedures related to procedural sedation.

The above guidelines do not imply that registered nurses may administer general anesthesia, whether or not it is a component part of procedural sedation. General anesthesia is defined as a medically controlled state of unconsciousness accompanied by loss of protective reflexes, including the inability to maintain a patent airway independently. ◂

The Nursing Commission And The Nurses Association, A Comparison

Nurses often ask how the duties and responsibilities of the Washington State Nursing Care Quality Assurance Commission (Commission) and the Washington State Nurses Association (WSNA) compare. Nurses sometimes need assistance in determining which organization to contact with a particular question or issue. We have prepared, with the assistance of WSNA, a chart that identifies the major responsibilities of each organization.

Washington State Nursing Care Quality Assurance Commission (Commission)	**Washington State Nursing Association (WSNA)**
Mission: To protect the people of Washington State from unsafe nurses and nursing practice. The Commission defines the scope and standards of practice, determines qualifications for competency, authorizes individuals the right to practice and limits the practice of those individuals found to practice below minimum safe competent levels.	**Mission:** A membership organization which provides leadership for the nursing profession and promotes quality health care for consumers through education, advocacy, and influencing health care policy in the State of Washington.
Regulation: The Nursing Commission was created by the Legislature and has full authority over the regulation of the profession. The Commission adopts rules, conducts investigations and holds administrative disciplinary hearings.	**Regulation:** WSNA is a private organization for nurses and cannot regulate.
Writing Rules/Legislation: The Commission enforces the Nurse Practice Act, RCW 18.79 and adopts rules under WAC 246-840 that govern all Registered Nurses, Practical Nurses and Advanced Registered Nurse Practitioners. The Nursing Commission cannot sponsor legislation.	**Writing Rules/Legislation**: WSNA participates in the rules writing process but cannot write rules. Sponsors legislation and provides testimony.
Licensing: The Commission grants licenses to RNs, LPNs and ARNPs in accordance with the statutes governing nurses	**Licensing:** WSNA cannot issue licenses.
Employment: The Nursing Commission does not collect information regarding employment.	**Employment:** WSNA is a collective bargaining organization representing nurses and other employee groups. Questions regarding employment are referred to local unions, the Hospital Association and employment ads.

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The Nursing Commission And The Nurses Association, A Comparison

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Washington State Nursing Care Quality Assurance Commission (Commission)	Washington State Nursing Association (WSNA)
Continuing Education: The Commission does not provide continuing education programs.	**Continuing Education:** WSNA is a provider of continuing education programs for nurses, whether or not they are a member of the organization.
Nurse Delegation: The Commission regulates the delegation of nursing tasks by licensed nurses. See Decision Tree: www.doh.wa.gov/hsqa/hpqad/nursing/default.htm. Look up Practice Updates.	**Nurse Delegation: WSNA** monitors closely any changes that are recommended tot he Legislature for expansion of nurse delegation, and nursing tasks that are suggested to be delegated to unlicensed assistive personnel.
Substance Abuse Monitoring: The Nursing Commission contracts with Washington Health Professional Services to monitor licensees who are impaired.	**Substance Abuse Monitoring:** WSNA is not involved in monitoring. However, The Washington State Nursing Foundation (WSNF) offers scholarship money to nurses to attend treatment-monitoring programs.
Protection of the Profession: The Commission works with members of the profession by providing technical assistance.	**Protection of the Profession:** WSNA is a private membership organization whose role it is to protect the profession or individual nurses.
Contacting NCQAC: Nursing Commission, PO Box 47864, Olympia, WA 98504. Telephone (360) 236-4713. FAX is (360) 236-4738. WEB site is: www.doh.wa.gov/hsqa/hpqad/nursing/default.htm	**Contacting WSNA:** Washington State Nursing Association, 595 Andover Park West, Suite 101 Seattle, WA 98188. Phone (206) 443-9762, FAX (206) 728-2074, E-mail: wsna@wsna.org. WEB site is: www.wsna.org ◂

Pronouncement Of Death

In the Spring, 1999 Nursing Commission Newsletter, an article on "who can determine and pronounce death" was presented. Some relevant information was inadvertently omitted in that article. In 1997 the Nursing Care Quality Assurance Commission issued an advisory opinion that the determination and pronouncement of death may be delegated by an RN to an LPN. Copies of this advisory opinion are available from the Commission office. Commission staff apologizes for any inconvenience this omission may have caused anyone reading the previous article. ◂

Completion Of ARNP Prescriptive Authority

By Pamela Lovinger and Shannon Fitzgerald, ARNP

On March 22, 2000, Governor Locke signed Substitute Senate Bill 5805—Completing Prescriptive Authority for Advanced Registered Nurse Practitioners (ARNPs). This new legislation completes prescriptive authority for ARNPs by adding Schedule II–IV drugs to existing prescriptive authority for Schedule V and legend drugs. This bill allows ARNPs to prescribe Schedule II–IV within their specific scope of practice, if they have a joint practice arrangement with an osteopathic or allopathic physician, and if the arrangement is consistent with the process and criteria set in rule.

Rules to describe joint practice must be developed and adopted by the Nursing Care Quality Assurance Commission, Medical Quality Assurance Commission, and the Board of Osteopathic Medicine and Surgery. The rules will set the process and criteria for approved joint practice arrangements. Reaching consensus on the rules for the joint practice arrangements is one of the requirements of expanded prescriptive authority.

The Department of Health, including Commissions and Boards, uses a 5-stage process for writing significant rules.

- Formal notice that rule writing has begun is sent to constituents and published in the Washington State Register (WSR)
- Workshops are held to gather public input
- Draft rules and analyses are sent out and published in the WSR
- A public hearing to allow formal testimony on the rules is held
- Final rules are sent out and published in the WSR

While this process allows for substantial public involvement, it is expected to take approximately 10 months.

To read the complete text of SSB 5805, go to: http://www.leg.wa.gov/wsladm/bills.htm click on senate bills, then click on 5805. If you would like to be added to the mailing list for the rule writing process, please send your name and address to:

ARNP Prescriptive Authority Project
Nursing Care Quality Assurance Commission (NCQAC)
PO Box 47864
Olympia, WA 98504-7864
or e-mail: terry.west@doh.wa.gov. ◂

Safety & Health Assessment & Research For Prevention (SHARP)

By Mark Kastenbaum, Department of Labor & Industries

The Safety and Health Assessment and Research for Prevention (SHARP) team at Department of Labor and Industries is researching prevention of occupational injuries and illnesses. The research should assist with reducing the number and severity of injuries of workers in nursing homes. The project titled, *"Getting to Zero"* addresses interventions and programs to reduce the number of lifts performed by nursing personnel. By decreasing the risks to the workers doing the handling, the safety and comfort of the residents should increase.

The Washington Health Care Association (WHCA) developed training on the zero-lift concept and has made it available for nursing home membership.

For more information contact Mark Kastenbaum at (360) 902-5778. ◂

Another View On "Requesting" Prescriptive Authority For Nurse Anesthetists

By: Maura Egan, Ph.D., RN

Prescriptive authority is a practice privilege of the Advanced Registered Nurse Practitioner (ARNP). It comes with evidence of Master's level education and advanced course work in pharmacology and pharmacokinetics. The expanded ARNP prescriptive authority (SB5805) that passed the legislature in Washington State this year is a result of years of educating the public, lobbying legislators and evidence-based practice with studies indicating the safety, patient satisfaction and cost effectiveness of nurse practitioners. Congratulations!

The Nursing Education Program Manager reviews new and endorsement applications for ARNP licensure. On the application, candidates indicate whether or not they are applying for prescriptive authority. The one category of ARNPs which frequently does not request prescriptive authority is the Certified Nurse Anesthetist. Although the new law does not apply specifically to their practice (because they are covered by earlier legislation for full prescriptive authority), the Nurse Anesthetists are encouraged to request prescriptive authority (at no additional cost on the original licensure application).

With additional numbers of Nurse Anesthetists added to the ranks of ARNPs with full prescriptive authority (indicated on their licenses), it would help the Nursing Commission identify more accurately all those who qualify and maintain that practice privilege. ◂

NCLEX Testing Sites And Availability

By Kathy Stark

The National Council Licensure Examination (NCLEX) is designed to test knowledge, skills, and abilities essential to the safe and effective practice of nursing at the entry level.

The NCLEX exam is administered six days a week (Monday through Saturday), and may take up to five hours to complete. The testing centers in Washington State are located in:

- Spokane
- Puyallup
- Mountlake Terrace and;
- Ellensburg.

You will receive a list of telephone numbers and addresses from the Chauncy Group approximately seven days after you have been made eligible by The Washington State Nursing Care Quality Assurance Commission. Your Candidate Bulletin will answer many of your questions concerning this registration. Their phone number is 1-800-551-1912.

You will receive examination results approximately two weeks after you test. Please do not call in that time (unless you have a new address), because we cannot give out the results over the phone or by e-mail. Your results will go out in the mail only. If you pass the exam, your license will be mailed with your results. If you fail, you will be mailed instructions with your results. ◂

Proposed Notifiable Conditions Regulations Available for Review

Greg Smith, MPA

Update and Overview: For the past two years, the state Department of Health (DOH), the Department of Labor and Industries (L&I), and the State Board of Health have been engaged in a process for revising the state's system for tracking infectious and noninfectious diseases and conditions that must be reported to public health authorities.

This process has yielded a set of proposed regulations that will comprehensively revise and integrate the notifiable conditions system for Washington. The regulations are available for your review at:

http://www.doh.wa.gov/os/policy/feedback.htm

At that site you can download the draft regulations, and a document that will assist you in navigating from the current regulations (WAC 246-100 and WAC 246-420) to the proposed regulations (WAC 246-101). Over the course of the next several weeks a variety of public meetings will be held at locations across Washington to engage public comment. You will also have opportunity to comment on the regulations via the Internet. All you need to do is compose your comments and click Submit from the web page noted above. **Comments should be received by May 15, 2000** to be considered for inclusion in the revision of this draft of the regulations and the development of the final draft of the proposed regulations, which will be produced by May 24, 2000. The hearing to adopt the rules will be held on July 12, 2000, at the South Campus Center, University of Washington, in Seattle. It is anticipated that the final regulations will be implemented by **September 1, 2000**.

Why Notify Public Health Agencies of Health Events? It's a matter of protecting the public's health. Tracking communicable and other diseases is a primary function of public health agencies. This type of data is critical to local health departments in their efforts to control the spread of diseases, such as tuberculosis, measles, hepatitis and HIV/AIDS, just to name a few. This type of data is also critical to national epidemiological efforts conducted by the Centers for Disease Control and Prevention and other public health organizations.

Based on these reports, health officials take steps to protect the public. Treating persons already ill, providing preventive therapies for individuals who have contacted with infectious agents, investigating and halting outbreaks, and mitigation of harmful substances are key methods of protection.

At the state and national level, public health workers use these data to assess broader patterns, such as historical trends and geographic clustering. By analyzing the broader picture, officials are able to take appropriate actions, be it outbreak investigation, redirection of program activities, or policy development.

Why Revise the Current Regulations? The reporting of "notifiable conditions" is a special form of surveillance. Health care providers, many times nurses, and others report certain health events to the local or state health departments. Periodically, it's important that the list of what conditions are notifiable undergo review and revision because public health priorities and the epidemiology of specific conditions evolve. Public health interventions also change. The goal of the revision is to make sure

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Proposed Notifiable Conditions Regulations Available for Review

Greg Smith, MPA

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that data on all notifiable conditions actually are needed and used for public health purposes and that public health officials have the data they need to do their jobs.

Another goal of the revision is to assure that regulations are rewritten in a clear and logical manner and that they are understandable to those who use them. The rule revision also anticipates new and evolving methods of data collection and dissemination throughout the public health system.

Now is the time for you to comment. Please use the web site above to access the draft regulations, and please comment on how these can be improved. Over the course of the next several weeks a variety of public meetings will be held at locations across Washington to engage public comment. Your input into the process at this point is needed. ◂

Continuing/ Continued Competency

By Shirley Coleman Aikin, RN, MSN

An issue that has been discussed in the health care arena for a number of years is continuing/continued competency. The concern centers on how to ensure that current practitioners are still safe and competent to practice in their respective area of educational preparation. Public protection is the underlying concern.

To ensure consistent discussion, a definition for the main terms follows:

Competence—A synthesis of skill, knowledge and performance. The ability to transform learning into effective and appropriate action is evidence of such competence. Ref: National Council of State Boards of Nursing. (1991). *Conceptual Framework for Continue Competence.* Chicago, IL. In *Model Nursing Administrative Rules, Adopted August 1994,* p. 3.

Continued Competence Purpose—The purpose of continued competence requirements is to assure that nurses maintain the ability to safely and effectively apply nursing knowledge, principles and concepts in the practice of registered or practical/vocational nursing. Ref: Ibid. p. 37.

Continued Competence Requirements—A Registered Nurse or Licensed Practical Nurse shall provide as part of an application for license renewal, license reinstatement or license by endorsement, documentation that activities promoting continued competence from **either** Group A **or** Group B have been completed. Activities shall have been completed within the last renewal period for applicants renewing their licenses, and within the last five years for applicants for reinstatement and licensure by endorsement. Ref: Ibid., pp. 37–40.

1. Group A: continuing education, professional activities, nursing practice.
2. Group B: Nursing refresher course, attained a degree or professional certification in nursing, passed formal nursing competency assessment examination.

A literature review revealed that there are more than 100 citations on this issue, as of March 2000. This indicates investigation, discussion and documentation of information on the subject. Based on this, the following are considerations to reflect.

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Continuing/ Continued Competency

By Shirley Coleman Aikin, RN, MSN

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1. The issue of competency has been in the literature for several years.
2. The issue is relevant to all arenas of health care.
3. The issue is international in scope.
4. Other Boards of Nursing and other regulatory agencies of health care providers are addressing the issue.
5. Several specific practice areas have been identified such as medication administration and IV therapy.

Questions for consideration for WASHINGTON STATE include:

a. Which states currently have a requirement for continuing/continued competence for re-licensure?

   If YES:

   1. Is it required for re-licensure?
   2. How often is it appraised?
   3. What is used for criteria?
   4. What are issues/problems encountered with the process?

   If NO:

   1. Is it being considered in that state?
   2. When will it start?
   3. What are the criteria?
   4. What will be the cost?
   5. Who will monitor it

a. Are there clinical components to the process?

b. Does it require so many hours of experience?

c. Or what qualifies the individual as "competent"?

d. Is a preceptor/supervisory signature required?

e. Who monitors the process?

f. Is there an additional cost for licensure when competency is assessed?

g. What will be the terminology—Continuing or Continued?

These issues must be resolved because there is significant variance in current practices for re-licensure in various states and among different health care groups. For example, one specialty ***nurse's*** group requires: re-certification every five years, continuing practice in the specialty area with 5000 hours of experience and 75 hours of continuing education related to this specialty. Contrast this with one specialty ***physician*** group requiring: re-certification every ten years, 90 hours of continuing education, and pass a take-home, open-book, written, clinically-focused exam tailored to the candidate's practice profile.

The Nursing Commission plans to hold discussion groups regarding this issue in the near future. Please contact staff at (360) 236-4713 regarding planned dates or check the web site at: www.doh.wa.gov/hsqa/hpqad/nursing/default.htm Once in the site choose "Rules." ◂

Executive Director's Report: Paula Meyer, RN, MSN

Medication administration is one of the primary functions of our nursing profession. Medication administration and prescribing has been one of the largest issues in patient care for the 2000 Washington legislative session as well as having a national spotlight this year. As nurses, we have been educated in pharmacology, medication administration and medication safety at all levels of nursing. ARNPs have requirements for pharmacotherapeutics in their curriculum and continuing education. RNs and LPNs have curriculum requirements for pharmacology. Nursing assistants are instructed in their practice limits regarding medications, depending on their work settings. The profession of nursing has built numerous safety mechanisms into the administration of medications for the safety of the public. We see this in the practice acts and the legislation that has passed in this 2000 session.

Senate Bill 5805 addressed the issue of expanded prescriptive authority for ARNPs. According to this bill, ARNPs will be allowed to prescribe Schedule II-IV drugs in addition to Schedule V and legend drugs. The Nursing Care Quality Assurance Commission, the Medical Quality Assurance Commission, and the Board of Osteopathic Medicine and Surgeons have been directed by the legislature to "adopt joint rules by consensus" to address this portion of the practice and how it is to be accomplished. Public meetings will be held to develop rules and the dates will be posted on the Nursing Commission's web site.

Senate Bill 6328 addressed oral medication administration in schools. Prior to this bill, school employees could administer oral medications, if they were trained and supervised by school nurses and the orders were written by a physician or dentist. This bill recognized that there are other prescribers, including ARNPs and physicians' assistants, who could write prescriptions for school age children. As a result of SB 6328, school nurses can delegate the administration of oral medications, with proper training and supervision, to school employees, if the prescriber has prescriptive authority. This will be effective on June 3, 2000. There are many other related issues surrounding oral medication administration in the schools and the Nursing Commission continues to work with stakeholders to address these issues.

House Bill 1218, Nurse Delegation, also passed this year. In the mid 1990's, specific nurse delegation legislation was passed to address the delivery of health care as more patients moved from acute care settings into community based care settings. The existing Nurse Delegation legislation allows RNs to delegate certain tasks to nursing assistants in registered boarding homes, assisted living facilities, and homes for developmentally disabled residents. This type of delegation is not applicable in acute care settings or skilled nursing facilities. The residents of the community based care settings have to be evaluated by the delegating RN, determined to be in a stable and predictable condition, be willing to accept delegation, and consent to the process. The process is evaluated every 60 days.

The Nursing Commission will work with representatives from the Department of Social and Health Services and the professional nursing organizations to determine rules for implementation of the

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Executive Director's Report: Paula Meyer, RN, MSN

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new nurse delegation legislation. **Until those rules are published, nurse delegation will continue with its current expectations.**

The new law has removed the current task list. Delegating nurses will soon be able to determine which tasks can be delegated according to their nursing judgment. Complex tasks that require clinical expertise cannot be delegated. There are three areas of tasks that can never be delegated: sterile procedures, all injections, and central line maintenance. The consent process will be addressed in the rules as well as the evaluation period. The law will place nurse delegation in the nurse practice act rather than the nursing assistant law. Locations of these rules writing workshops will be published on the Nursing Commission Website. The dates are:

May 18 - Spokane
June 21 - Seattle
July 12 - Olympia

If interested, contact Jeanne Vincent at (360) 236-4725 or e-mail: Jeanne.Vincent@doh.wa.gov.

The federal government has also begun evaluation of medical safety. The Institute of Medicine published its report on medical errors in the United States. The report is titled *"To Err is Human: Building a Safer Health System."* Four recommendations are being formulated:

"1. Establishing a national focus to create leadership, research, tools and protocols to enhance the safety knowledge base.

2. Identifying and learning from errors through immediate and strong mandatory reporting efforts as well as encouragement of voluntary reporting efforts.

3. Raising standards and expectations for improvements in safety, and

4. Creating safety systems in side health care organizations through the implementation of safe practices at the delivery level."

The Institute of Medicine study addresses medication safety as a system problem and urges health care facilities to thoroughly evaluate medication systems they have in place utilizing a quality improvement approach. The study recognizes that there are many professions and professionals involved with the delivery of a single medication, and at any phase of the process, errors, as well as prevention of errors, can occur.

The National Council of State Boards of Nursing has evaluated the report and developed implications for regulatory boards. The Washington State Nursing Care Quality Assurance Commission has received summary documents from the National Council and will be reviewing the implications for this state.

Medication administration is at the heart of nursing practice, and something we all take very seriously. The five rights continue to promote patient safety and need to be applied with all medication administration: the right patient, the right drug, and the right dosage, at the right time by the right route. As you can see, there are many levels of concern with medications, and nurses are the primary professionals administering medications. Nursing can be very proud of its trusted reputation with medication administration and will continue to work with other professions to promote the safety of the public. ◂

Washington Licensing Exam Results For 7/1/99 Through 12/31/99

	Tested	Passed	Percentages
First Time Candidates – RN			
Washington Grads	615	537	87.6
Out of State Grads	41	36	88
Foreign Grads	27	26	96
Repeating Candidates – RN			
Washington Grads	114	72	63
Out of State Grads	2	1	50
Foreign Grads	6	1	16.7
First Time Candidates – PN			
Washington Grads	405	382	94.3
Out of State Grads	26	25	97
Foreign Grads	12	6	50
Repeating Candidates – PN			
Washington Grads	28	17	60.7
Out of State Grads	2	1	50
Foreign Grads	4	1	25

Nursing Hall Of Fame

By Jeanne Vincent, RN, MS

On March 17, 2000 Nursing Commission member Joanna Boatman was inducted into the Washington State Nursing Association Nursing Hall of Fame. Joanna is serving her second term on the nursing commission and has been a member of the nursing profession for 48 years. Joanna was inducted with five other members of our nursing community who were recognized for their outstanding contributions to the profession and to the communities they have served. Please join the commission in congratulating Joanna Boatman, Muriel Softli, Mary Lee Bell, Shirley Gilford, Frances Terry and Elizabeth Thomas.

Joanna Boatman

Each recipient of the Washington State Nurses Association Hall of Fame has demonstrated excellence in the areas of patient care, leadership, education, public service, nurse advocacy, heroism, patient advocacy, or clinical practice, and for achievements that have enduring value to nursing beyond the inductee's lifetime. In addition, each has demonstrated excellence that affected the health and/or social history of Washington state through sustained, lifelong contributions.

Inactive Status

By Adena Nolet

The Nursing Commission receives numerous calls and written inquiries on the subject of Inactive Status. The requests are most commonly from nurses who have either retired or are living/practicing in a different state.

The fee for placing an RN or LPN license on Inactive Status is twenty dollars ($20.00) each year. Please be sure your payment is post-marked on or before your expiration date (birth date) and include a letter of intent requesting **Inactive Status** along with your nursing license number. If you are unable to send a fee post-marked by this date, you will need to submit your regular renewal fee of fifty dollars ($50.00) plus an additional late fee of fifty dollars ($50.00) to bring your license to Active Status. **We are unable to place an expired license on Inactive Status.**

Another alternative is to let your license expire. To reactivate a nursing license that has been **expired** for less than three (3) years, the licensee must complete a reactivation application and include a fee of one hundred dollars ($100.00). To reactivate a license that has been on **Inactive Status** for less than three (3) years, the licensee must fill out the same application and include a fee of fifty dollars ($50.00). If a license has **expired or been on Inactive Status** for more than three (3) years, the licensee must fill out the application and include a copy of a current/active license from another state along with a fee of one hundred dollars ($100.00). If the licensee does not have a current/active license in another state, he/she must complete a Refresher Course to reactivate his/her license.

Please note that after three years, the requirements to reactivate your license are identical, whether your license has been expired or on Inactive Status.

Please refer to chapter 246-12 WAC, Part 4, for further information. ◂

Legislative Report 2000

By Paula Meyer, RN, MSN

The following Bills have passed the 2000 session and a synopsis is provided for each.

House Bill 1218 Nurse Delegation

Clarifies in statute the differences between the specific delegation process that is allowed only in community-based care settings to registered or certified nursing assistants and general delegation which has been authorized for years in all care settings to licensed practical nurses (LPNs), nursing assistants (NAs), and other personnel.

See also the Executive Director's Report for information on this bill.

Rules will be written in conjunction with the Department of Social and Health Services Residential Care Services division and professional nursing organization. The rules workshops will be held with Nursing Commission meetings throughout the state in upcoming months. If you are interested in participating in these meetings, please contact Jeanne Vincent at Jeanne.Vincent@doh.wa.gov for further information.

Senate Bill 5739 Certificates of Death and Fetal Death

This statute will allow Physicians' Assistants (PAs) and Advanced Registered Nurse Practitioners (ARNPs) to certify the cause of death on death certificates. Coroners will be able to accept these documents. The legislature recognized that there are many occurrences where the

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Legislative Report 2000

By Paula Meyer, RN, MSN

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PAs and ARNPs are the last health care practitioner who had contact with people and would therefore be able to make conclusions on the cause of death. Currently, ARNP-Certified Nurse Midwives can certify fetal death, and this statute broadens the health care practitioners that can certify the cause of death and fetal death.

Senate Bill 5805 ARNP Prescriptive Authority

This bill completes prescriptive authority for Advanced Practice Registered Nurse Practitioners (ARNP). Currently, ARNPs have independent practice with prescriptive authority for Schedule V and legend drugs. This bill expands that authority to include Schedule II–IV drugs. The bill further directs the Nursing Commission to adopt joint rules achieved by consensus with the Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery to address an arrangement for joint practice with appropriate collaboration. These arrangements do not apply to certified registered nurse anesthetists.

Senate Bill 6328 Administration of Oral Medications in Schools, K-12

School personnel can administer oral medications if they receive training and supervision by the school nurse and a physician or a dentist writes the requests. This bill recognizes that there are other health care providers with prescriptive authority and allows the school nurse to delegate oral medication administration to school personnel with training and supervision. The bill states that this can be accomplished if a health care practitioner acting within the scope of their prescriptive authority writes the orders.

Senate Bill 6502 Long-Term Caregiver Training

The legislature recognized that in the course of people having shorter hospital stays and more complex care is being provided by community caregivers, that these caregivers require more education to provide quality care. Currently, a Fundamentals of Caregiving and Modified Fundamentals of Caregiving courses are required by anyone providing care in community based care settings: adult family homes, boarding homes, and assisted living facilities.

This training has not been fully successful and this bill enhances the training requirements and the funding to provide the training. Training will now be required for direct care providers, owners, and administrators of these facilities. Orientation to the facility as well as continuing education and specialty training is required and defined for each level of provider in each of the settings. Competency testing is required and if the provider is competent, there will be a mechanism to approve this rather than mandatory class attendance. Certain components of the training are in common with the training components of nursing assistants, certified. Once a provider completes the caregiver training, these components can then be applied to nursing assistant training without repeating the training if the caregiver is interested in becoming a nursing assistant, certified. ◂

NCLEX–Frequent Questions

By Valerie Zandell

The most common questions asked concerning the NCLEX are: What is the percentage needed to pass? What number of questions must I answer correctly to pass? Is it graded on a curve? Why did the computer shutdown after just 'this many' questions? Why were my questions so darn tough and my friend said hers were easy? How come so many of my questions were on the same subject? How come my friend finished her exam in two hours and mine took me the entire five hours?

This exam is computer adapted. This means that as you answer the questions correctly or incorrectly, the computer adapts. If you answer correctly the computer will give you more difficult questions. The more difficult the question the fewer you need to answer to demonstrate entry level competence. If you answer incorrectly the computer will give you easier questions, but more of them are required to meet entry level competence. Once that entry level competence is met the computer will shut down. This could be with the minimum of 75, or maximum of 265 questions for RNs, and 85 minimum or 204 maximum for LPNs. That would explain why some complete the exam in two hours and others take the maximum five hours allowed. There is no curve grading. Even though many of the questions seem to be on the same subject, they cover a different area of the nursing process.

The results are received in the Nursing Commission office approximately two weeks after testing. Depending on the volume received daily, the results are processed and mailed to the candidates within five days of being received. Calling for results interrupts and delays processing time. ◂

Nurses Can Make a Difference

By Kimberly DuBore, RNC, BSNc
St. Martin's College Nursing Student

A rule is most commonly referred to as a Washington Administrative Code (WAC). WACs are adopted by the Washington State Nursing Commission to provide interpretive support for the nursing statute (Revised Code of Washington). They carry the force of the law.

Nurses are a very important part of the "rule making" process. The Nursing Commission generally holds two meetings regarding a proposed WAC. The purpose is to provide interested parties the opportunity to participate in development of draft language. Rules go into effect after all persons on the "interested party" mailing list have been notified, given the opportunity to respond to the notification, and after having been formally adopted at a public rules hearing.

The most current and controversial rule under development is "alcohol on the breath while practicing nursing." Two meetings have been held and no Washington nurses attended. The Nursing Commission feels that this WAC is important enough to conduct another meeting. A third meeting was held on April 20th, 2000 at the Bellevue Regional Library, from 2:00–5:00 p.m.

To be listed on the interested party list, contact Kris McLaughlin at (360) 236-4713 or e-mail: Kris.McLaughlin@doh.wa.gov.

Remember!! As an RN/LPN, it is your responsibility to keep informed of all state and federal laws impacting the practice of nursing. ◂

Receipts For License Renewal Fees

Occasionally the Nursing Commission staff is requested to provide a licensee with a receipt for his/her license renewal fee. The receipt is frequently used for tax purposes or, if you are one of the lucky ones, for employer reimbursement.

Your canceled check is often sufficient enough to serve as your receipt. If you would like something in writing, please include your request with your renewal fee. A form letter will be mailed to you with the amount and date received and the purpose of the fee. ◂

Renewals

The majority of our hundreds of telephone calls per day are regarding the renewal process. Your assistance is appreciated in following these simple steps.

Before you send your license renewal, complete these important steps:

1. Write your name and address on a blank piece of paper with your social security number and/or license number. Place inside your mailing envelope along with your check made payable to **Department of Health**: (If envelope postmark is dated after your birthday, you are considered late. There are no exceptions.)

Nursing Assistant:	$25.00	With late fee:	$ 50.00
RN/LPN/ARNP:	$50.00	With late fee:	$100.00

2. Correct address on envelope should read**:**

   Nursing Commission
   PO Box 1099
   Olympia, WA 98507.

   Check or money order made payable to: Department of Health

3. Send your renewal at least three weeks before your birthday. The turn around time is approximately three weeks (This includes mailing time).

Before you contact the Renewal Unit about the status of your renewal:

1. Wait 10 working days from the time you sent your check or money order to contact us about a missing license.
2. Contact the bank or place of business you purchased the check/money order from to find date cleared. Have this date ready to relay to renewal desk. (We cannot accept cash)
3. Know the correct telephone extension.

Automated Verification Line:	(360) 664-4111
License Renewal:	(360) 236-4703
ARNP Renewal:	(360) 236-4708

We do not have Voice Mail. Please continue to ring until we answer. Calls will be answered in the order received. ◂

Rules Update

By Terry J. West

Following is a listing of rules that are in the process of being developed, ready for public rules hearing or rules writing process. At the end of the article is information on how you can receive a copy of any of these rules or be added to the interested persons mailing list to receive all future rules mailings.

Advanced Registered Nurse Practitioners:

The roundtable meetings and the initial rule writing workshop have been completed. The public rules hearing will be held later this year. The date and location will be announced.

The rules which are being amended are:

New WAC 246-840-299 Definitions; Amending the following:

WAC 246-840-300 Advanced registered nurse practitioner;

WAC 246-840-305 Criteria for formal advanced nursing education meeting the requirement for ARNP licensure;

WAC 246-840-310 Use of nomenclature;

WAC 246-840-320 Certification and certification program;

WAC 246-840-330 Commission approval of certification programs;

WAC 246-840-340 Application requirements for ARNP;

WAC 246-840-345 ARNP designation in more than one area of specialty; WAC 246-840-360 Renewal of ARNP designation;

WAC 246-840-410 Application requirements for ARNP with prescriptive authority.

Three rules planned for repeal are:

(1) WAC 246-840-315 Clinical specialist in psychiatric/mental health nursing (Language is included in another WAC;

(2) WAC 246-840-430 Termination of ARNP prescriptive authorization (No longer necessary) and;

(3) WAC 246-840-440 Prescriptive authorization period.

For a copy of the text of the proposed changes see our WEB site: www.doh.wa.gov/hsqa/hpqad/nursing/rules.htm.

New Legislation - Senate Bill 5805 ARNP Prescriptive Authority

This bill expands prescriptive authority for Advanced Practice Registered Nurse Practitioners (ARNP). Currently, ARNPs have independent practice with prescriptive authority for Schedule V and legend drugs. This bill expands that authority to include Schedule II–IV drugs. The bill further directs the Nursing Commission to adopt joint rules achieved by consensus with the Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery to address an arrangement for joint practice with appropriate collaboration. These arrangements do not apply to certified registered nurse anesthetists.

This bill goes into effect July 1, 2000 and the rules are anticipated to be completed by early 2001. **The expanded scope cannot be utilized until the rules are in place.**

Education Rules:

During a rules review process the education rules were identified as needing amendments. Staff is working on

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Rules Update

By Terry J. West

(Continued from Page 22)

preparing the CR 101 form. The notification of intent to address possible changes to these rules. The rules are identified as WAC 246-840-500 through WAC 246-840-575. A rules writing workshop was held April 27, 2000 in Spokane.

Mandatory Reporting:

This rule was identified during the rules review process as needing amendment to be more clear and understandable. Two public rules writing workshops were held to solicit input. A public hearing was held November 19, 1999. The rule was effective as of January 22, 2000. Following is the adopted text.

WAC 246-840-730 Mandatory reporting. Mandatory reporting assists the nursing care quality assurance commission (nursing commission) in protecting the public health and safety through the discovery of unsafe or substandard nursing practice or conduct. These rules are intended to define the information that is to be reported and the obligation of nurses and others to report.

The nursing commission does not intend every minor nursing error to be reported or that mandatory reporting serve as a substitute for employer-based disciplinary action.

Who must make reports and what must be reported to the nursing commission?

(1) Any person, including, but not limited to, registered nurses, practical nurses, advanced registered nurse practitioners, health care facilities and governmental agencies shall always report the following, except as provided for in subsections (2) and (3) of this section:

(a) Information that a nurse may not be able to practice with reasonable skill and safety as a result of a mental or physical condition;

(b) Information regarding a conviction, determination or finding, including employer-based disciplinary action, that a nurse has committed an act that would constitute unprofessional conduct, as defined in RCW 18.130.180, including violations of chapter 246-840 WAC, including, but not limited to:

(i) Conviction of any crime or plea of guilty, including crimes against persons as defined in chapter 43.830 RCW, and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing;

(ii) Conduct which leads to dismissal from employment for cause related to unsafe nursing practice or conduct in violation of the standards of nursing;

(iii) Conduct which reasonably appears to be a contributing factor to the death of a patient;

(iv) Conduct which reasonably appears to be a contributing factor to the harm of a patient that requires medical intervention;

(v) Conduct which reasonably appears to violate accepted standards of nursing practice and reasonably appears to create a risk of physical and/or emotional harm to a patient;

(vi) Conduct involving a pattern of repeated acts or omissions of a similar nature in violation of the standards of nursing that reasonably appears to create a risk to a patient;

(vii) Drug trafficking;

(viii) Conduct involving the misuse of alcohol, controlled substances or legend drugs, whether or not prescribed to the nurse, where such conduct is related to

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Rules Update

By Terry J. West

(Continued from Page 23)

nursing practice or violates any other drug or alcohol-related nursing commission law;

(ix) Conduct involving sexual contact with a patient under RCW 18.130.180(24) or other sexual misconduct in violation of nursing commission law under WAC 246-840-740;

(x) Conduct involving patient abuse, including physical, verbal and emotional;

(xi) Conduct indicating unfitness to practice nursing or that would diminish the nursing profession in the eyes of the public;

(xii) Conduct involving fraud related to nursing practice;

(xiii) Conduct involving practicing beyond the scope of the nurse's license;

(xiv) Nursing practice, or offering to practice, without a valid nursing permit or license, including practice on a license lapsed for nonpayment of fees;

(xv) Violation of a disciplinary sanction imposed on a nurse's license by the nursing commission.

(2) Persons who work in federally funded substance abuse treatment programs are exempt from these mandatory reporting requirements to the extent necessary to comply with 42 CFR Part 2.

(3) Persons who work in approved substance abuse monitoring programs under RCW 18.130.175 are exempt from these mandatory reporting rules to the extent required to comply with RCW 18.130.175(3) and WAC 246-840-780(3).

How is a report made to the nursing commission?

(4) In providing reports to the nursing commission, a person may call the nursing commission office for technical assistance in submitting a report. Reports are to be submitted in writing and include the name of the nurse, licensure identification, if available, the name of the facility, the names of any patients involved, a brief summary of the specific concern which is the basis for the report, and the name, address and telephone number of the individual submitting the report.

(5) Failure of any licensed nurse to comply with these reporting requirements may constitute grounds for discipline under chapter 18.130 RCW.

What are the criteria for whistleblower protection?

(6) Whistleblower criteria is defined in chapter 246-15 WAC and RCW 43.70.075.

Alcohol in the Workplace:

Public rules writing workshops were held September 27 and 30, 1999 in Eastern and Western Washington. No one attended either public meeting. See below for the final public rules writing workshop.

Proposed language—"Nurses shall not engage in nursing, or otherwise report to work prepared to engage in nursing, when the nurse's alcohol concentration equals or exceeds 0.04%, as determined by reliable testing methods based on accepted scientific principles and laboratory practices. Violation of this rule shall be grounds for discipline under RCW 18.130."

Practice Standards:

Four rules were identified during the rules review process as needing amendment:

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Rules Update

By Terry J. West
(Continued from Page 24)

WAC 246-840-700 Standards of nursing conduct or practice;

WAC 246-840-705 Functions of a licensed practical nurse;

WAC 246-840-710 Violations of standards of nursing conduct or practice; and;

WAC 246-840-715 Standards/competencies.

A rules hearing will be scheduled for July 14, 2000 at the Department of Health Conference Center, 1101 SE Eastside Street, Olympia. For a copy of the entire text see our WEB site at:

www.doh.wa.gov/hsqa/hpqad/nursing/rules.htm.

Pronouncement of Death:

Due to legislation in 2000, the Nursing Commission is planning a rules hearing July 13, 2000 in Olympia.

Nurse Delegation

The Commission will be hold three rules writing workshops to discuss rules to define the specific delegation process. Workshops will be held May 18, 2000 in Spokane, June 21 in Seattle and July 12 in Olympia.

Nurse Technician:

The Nursing Commission is continuing to research the issue of rules regarding nursing technicians. A public meeting will be held this Fall to discuss options.

Definitions:

Three rules were identified during a rules review process as needing amendment:

WAC 246-840-010 Definitions;

WAC 246-840-760 Terms used in WAC 246-840-750 through 246-840-780; and WAC 246-840-920 Definitions.

A rules writing workshop was held May 21, 1999. A rules hearing date will be set for September or November, 2000.

How to comment on any rule proposed to be amended or repealed

Mail: Department of Health
Nursing Programs/Rules
P.O. Box 47864
Olympia, WA 98504

FAX: (360) 236-4738

E-mail: terry.west@doh.wa.gov

How to be added to the Interested Parties Mailing List:

Call: (360) 236-4713

E-mail: Kris.McLaughlin@doh.wa.gov ◂

Thank You, Nurses!

By Maura Egan, Ph.D.

A sincere thank you to all three nurses who volunteered to be item reviewers for the NCLEX test pools:

Karen Benham (Newport,WA), Michele Renninger (Oak Harbor), and Ron Whitter (Kennewick).

Two individuals volunteered—Ms. Renninger for NCLEX-RN and Mr. Whitten for NCLEX-PN. Ms. Benham was selected to serve as a panel alternate.

Nurses are needed as members of the National Council's NCLEX item development panels to assist in writing and reviewing test questions/items for both the RN and PN tests. Nurses from practice and educational settings are invited to apply. You may call the National Council directly on their Item Development Hotline at (312) 787-6555, Ext. 496 or call Maura Egan at the Washington State Nursing Commission, (360) 236-4709 for more information or an application. ◂

Web Pages

Following are some WEB pages you may find useful for nursing information.

- www.doh.wa.gov/hsqa/hpqad/nursing/default.htm–Nursing Care Quality Assurance Commission
- www.doh.wa.gov/about/about.htm#HSQA–Department of Health
- www.ncsbn.org–National Council of State Boards of Nursing
- www.wsna.org–Washington State Nursing Assocation
- www.nursingworld.org–American Nurses Association
- www.sls.leg.wa.gov/default.htm–Code Reviser Office – Access any statute or rule
- www.egroups.com/list/world-research-nurses–Nursing related searches
- www.nurseadvocate.org–Nursing e-mail discussion list ◂

Department of Health Press Releases

The Department of Health issues press releases on a variety of health related topics. You can access press releases at:
www.doh.wa.gov/publicat/publications.htm#news releases.

Some recent press releases included:

- HIV prevention funds available for African American faith communities
- Children with special health care needs
- Lice Aren't Nice
- Maternal and infant health publications
- Lyme Disease ◂

Telephone List

Please Note
All area codes are 360 unless designated otherwise

Administration

Paula Meyer, Executive Director 236-4713
Kris McLaughlin, Secretary 236-4713

Licensing

Terry J. West, Health Admin. 236-4712
Licensing System
- Applications (RN & LPN) 236-4740
- Examination 236-4740
- Renewals 236-4740
- Endorsement 236-4740
- Nursing Assistant 236-4740
- Verification ..... FAX 360 586-5935
- Correspondence ..... FAX 360 236-4738

Education

Dr. Maura Egan, Education Mgr. ... 236-4709

Legal

Trent Kelly 236-4710
..... (206) 389-2984
Karl Hoehn 236-4717
..... (206) 389-3035
Megan Pottorf 236-4722
Janet Staiger 236-4743
Legal Secretary 236-4719
Discipline Questions
(process and orders) 236-4719

Discipline, RN & LPN

Jeanne Giese, Manager 236-4728
Complaint Intakes 236-4727
Complaint Investigations, Inquiries 236-4726

Practice, RN & LPN

Jeanne Vincent, Manager 236-4725
Disciplinary Order Compliance, RN 236-4727
Disciplinary Order Compliance, LPN 236-4721
Advisory Opinions, practice issues 236-4724

Nursing Assistants, Practice & Discipline

Compliance, Nursing Assistants 236-4715
Discipline/Investigation, Nursing Assistants 236-4716
Kendra Pitzler, Manager 236-4723

Nursing Pools

Kathy Stark, Office Asst. Senior 236-4706

Surgical Technologists

Kendra Pitzler, Program Manager .. 236-4723

E-Mail addresses

Use first name.last name@doh.wa.gov.
For example:
kris.mclaughlin@doh.wa.gov
or
jeanne.giese@doh.wa.gov

staff nurses

charge nurses

clinical nurse specialists

clinical nurse managers

preceptors

The NCLEX® Examination Depends on You!

The National Council needs staff nurses, charge nurses, clinical nurse specialists, clinical nurse managers and preceptors to serve on an NCLEX® examination item development panel.

Item writers write items (questions) that are used for the NCLEX® examination, with the assistance of the National Council's test service. Item reviewers check items for currency, job relatedness and appropriateness for the entry-level nurse.

To access the item development panel application on-line:

1. Go to the National Council's Web site at http://www.ncsbn.org
2. Choose "NCLEX® Examination" from the scroll down menu on the National Council's home page
3. Click the Section Contents link labeled "Developing the NCLEX® Examination"
4. Click the link labeled "Item Development Application"

If you do not have access to the Web, please call the National Council's Item Development Hotline at 312/787-6555, Ext. 496, and leave a message with your name, address and phone number.

NCLEX® EXAMINATION

Surgical Technologists

In 1999 the Legislature passed regulation requiring the Department of Health to register all Surgical Technologists. Any person who is functioning in the capacity of a surgical technologist or calling themselves a surgical technologist will need to become registered.

Licensed Practical Nurses do not need to obtain additional registration. The duties of a surgical technologist are considered to be part of their existing scope of practice so additional registration is not necessary. If you need additional information on forms for registration, see the Surgical Technologist web site at: www.doh.wa.gov/hsqa/hpqad/surtech/stdefault.htm or you may contact staff at (360) 236-4739. ◂

To ensure receipt of your annual renewal notice and other timely information, please keep the Nursing Commission informed of any change in your name or address.

Name and/or Address Change Form

(Please type or print in ink)

***A change in name must be accompanied by a photocopy of the marriage certificate, the divorce decree, or the court-ordered name change (whichever is applicable).**

License # _____ Social Security # _____

- ❑ RN
- ❑ LPN
- ❑ NAC
- ❑ NAR

Old Information:

Name _____

Address _____

_____

Changes:

Name* _____

Address _____

_____

Effective Date _____ Signature _____

A licensee's address is open to public disclosure under circumstances defined in law, RCW 42.17. The address the Commission has on file for you is used for all mailings, renewal notification and public disclosure.

Send completed form to the commission office by sending to:

Nursing Commission
P.O. Box 47864
Olympia, WA 98504-7864

Address changes can be sent by email: adena.nolet@doh.wa.gov
Include all of the above information in your message. ◂